### Case 18-13772 Doc 1 Filed 05/10/18 Entered 05/10/18 23:02:17 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ■ Chapter 13                  | Check if this an amended filing |

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  |   |   |   |
|-----|--|---|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |   |
| 1.  | Your full name   |   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Arbdella First name  J. Middle name  Hayes Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |   |
| 2.  | All other names you ha used in the last 8 years Include your married or maiden names.  |   |   | _ |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-2563   |   |   |

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Case number (if known)

Debtor 1 Arbdella J. Hayes

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  □ I have not used any business name or EINs. |  |  |  |  |
|----|---|---|---|--|--|--|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  |   |  |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  |   | Business name(s)   |  |  |  |
|    |   | EINs  | -   | EINs   |  |  |  |
| 5. | Where you live  | 1432 S. 20th Ave  |   | If Debtor 2 lives at a different address:  |  |  |  |
|    |   | Maywood, IL 60153  Number, Street, City, State & ZIP Code   | -   | Number, Street, City, State & ZIP Code   |  |  |  |
|    |   | Cook  |   | ,  |  |  |  |
|    |   | County  | -   | County   |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |   | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | -   | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  |   | Check one:   |  |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                |   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |   |   | -   |  |  |  |  |

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Document Case number (if known) Debtor 1 Arbdella J. Hayes

| Par | Tell the Court About  | our B  | ankruptcy Ca   | se  |  |  |  |  |
|-----|---|--|----------------|---|--|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  □ Chapter 7 |                |   |  |  |  |  |
|     | choosing to file under  |  |                |   |  |  |  |  |
|     |   | □с   | hapter 11      |   |  |  |  |  |
|     |   | □с   | hapter 12      |   |  |  |  |  |
|     |   | <b>■</b> C   | hapter 13      |   |  |  |  |  |
| 8.  | How you will pay the fee  | •  | about how yo   | u may pay. Ty <mark>ր</mark><br>attorney is sub | pically, if you are paying the fee you | with the clerk's office in your local court for more detail<br>irself, you may pay with cash, cashier's check, or mone<br>f, your attorney may pay with a credit card or check wit |  |  |
|     |   |  |                |   |  | n, sign and attach the Application for Individuals to Pay  |  |  |
|     |   |  | I request that | t my fee be wa<br>uired to, waive               | your fee, and may do so only if you    | only if you are filing for Chapter 7. By law, a judge may r income is less than 150% of the official poverty line the  |  |  |
|     |   |  |                |   |  | installments). If you choose this option, you must fill ou al Form 103B) and file it with your petition.   |  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ No   | D.             |   |  |  |  |  |
|     | last 8 years?   | ☐ Ye   | es.            |   |  |  |  |  |
|     |   |  | District       |   | When                                   | Case number  |  |  |
|     |   |  | District       |   | When                                   | Case number  |  |  |
|     |   |  | District       |   | When                                   | Case number  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No   | )              |   |  |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye   | es.            |   |  |  |  |  |
|     |   |  | Debtor         |   |  | Relationship to you  |  |  |
|     |   |  | District       |   | When                                   | Case number, if known  |  |  |
|     |   |  | Debtor         |   |  | Relationship to you  |  |  |
|     |   |  | District       |   | When                                   | Case number, if known  |  |  |
| 11. | Do you rent your residence?   | ■ No   | Go to li       | ne 12.  |  |  |  |  |
|     |   | □ Ye   | es. Has yo     | ur landlord obta                                | ained an eviction judgment against     | you?   |  |  |
|     |   |  |                | No. Go to line                                  | 12.                                    |  |  |  |
|     |   |  |                | Yes. Fill out Inthis bankruptc                  |  | udgment Against You (Form 101A) and file it as part of   |  |  |

Debtor 1 Arbdella J. Hayes Document Page 4 of 50 Case number (if known)

| Part  | Report About Any Bu   | sinesses | You Own  | as a Sole Proprietor   |  |  |  |
|---|---|----------|--|--|--|--|--|
| 12.   | Are you a sole proprietor of any full- or part-time business?   | ■ No.    | Go to  | Part 4.  |  |  |  |
|   |   | ☐ Yes.   | Name   | e and location of business   |  |  |  |
|   | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |          | Name   | e of business, if any  |  |  |  |
|   | If you have more than one sole proprietorship, use a separate sheet and attach  |          | per, Street, City, State & ZIP Code  |  |  |  |  |
|   | it to this petition.  |          |  | k the appropriate box to describe your business:   |  |  |  |
|   |   |          |  | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |  |  |  |
|   |   |          |  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |
|   |   |          |  | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |  |  |  |
|   |   |          |  | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|   |   |          |  | None of the above  |  |  |  |
| 13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you must attach your most recent balance should business debtor, you are a small business debtor, you must attach your most recent balance should business debtor, you are a small business debtor, you must attach your most recent balance should business debtor, you are a small business debtor, you are a small business debtor, you are a small business debtor so that it can be a small business debtor so that it can be a small business debtor so that it can be a small business debtor so that it can be a small business debtor. |   |          |  |  |  |  |  |
|   | For a definition of small   | ■ No.    | I am n   | not filing under Chapter 11.   |  |  |  |
|   | business debtor, see 11 U.S.C. § 101(51D).  | □ No.    | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankru Code. |  |  |  |  |
|   |   | ☐ Yes.   | I am fi  | illing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Pari  | t 4: Report if You Own or   | Have Any | Hazardo  | ous Property or Any Property That Needs Immediate Attention  |  |  |  |
| 14.   | Do you own or have any  | ■ No.    |  |  |  |  |  |
|   | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | Yes.     | What is t  | the hazard?  |  |  |  |
|   | public health or safety? Or do you own any property that needs immediate attention?   |          |  | diate attention is why is it needed?   |  |  |  |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |          | Where is   | s the property?  Number, Street, City, State & Zip Code  |  |  |  |
|   |   |          |  | ,  |  |  |  |

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Debtor 1 Arbdella J. Hayes

ella J. Hayes Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Arbdella J. Haye  | s                      | Document  | Page 6 of 50   | ſ (if known)  |  |  |
|-----|--|------------------------|---|--|---|--|--|
| Par |  |                        | porting Purposes  |  |   |  |  |
|     | What kind of debts do you have?                                | 16a.                   |   |  | ned in 11 U.S.C. § 101(8) as "incurred by an  |  |  |
|     |  |                        | ☐ No. Go to line 16b.   |  |   |  |  |
|     |  |                        | Yes. Go to line 17.   |  |   |  |  |
|     |  |                        |   | ss debts? Business debts are debts are through the operation of the business |   |  |  |
|     |  |                        | ☐ No. Go to line 16c.   |  |   |  |  |
|     |  |                        | ☐ Yes. Go to line 17.   |  |   |  |  |
|     |  | 16c.                   | State the type of debts you owe that  | at are not consumer debts or busines   | s debts   |  |  |
| 17. | Are you filing under<br>Chapter 7?                             | ■ No.                  | I am not filing under Chapter 7. Go   | to line 18.  |   |  |  |
|     | Do you estimate that after any exempt property is excluded and |                        |   | u estimate that after any exempt prope to distribute to unsecured creditors? | erty is excluded and administrative expenses  |  |  |
|     | administrative expenses are paid that funds will               |                        | □ No  |  |   |  |  |
|     | be available for<br>distribution to unsecured<br>creditors?    |                        | ☐ Yes   |  |   |  |  |
| 18. | How many Creditors do you estimate that you owe?               | <b>1</b> -49           |   | <b>1</b> ,000-5,000  | <b>2</b> 5,001-50,000   |  |  |
|     |  | □ 50-99                |   | ☐ 5001-10,000  | ☐ 50,001-100,000  |  |  |
|     |  | □ 100-19<br>□ 200-99   |   | 10,001-25,000  | ☐ More than100,000  |  |  |
| 19. | How much do you  | □ \$0 - \$5            | 0,000   | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |
|     | estimate your assets to be worth?                              |                        | 1 - \$100,000   | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |  |
|     |  |                        | 01 - \$500,000<br>01 - \$1 million  | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million               | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                            |  |  |
|     |  | <b>—</b> \$500,0       |   |  |   |  |  |
| 20. | How much do you estimate your liabilities                      | □ \$0 - \$5            | •   | □ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |
|     | to be?   |                        | 01 - \$100,000  | □ \$10,000,001 - \$50 million  | \$1,000,000,001 - \$10 billion  |  |  |
|     |  |                        | 01 - \$500,000<br>01 - \$1 million  | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million               | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                            |  |  |
|     |  | <b>ω</b> ψ300,0        |   |  |   |  |  |
| Par |  |                        |   |  |   |  |  |
| For | you  | I have exa             | mined this petition, and I declare u  | inder penalty of perjury that the inforn                                     | nation provided is true and correct.  |  |  |
|     |  |                        |   | aware that I may proceed, if eligible, vailable under each chapter, and I ch | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.           |  |  |
|     |  |                        | ney represents me and I did not pay<br>, I have obtained and read the notic | y or agree to pay someone who is no<br>ce required by 11 U.S.C. § 342(b).    | t an attorney to help me fill out this  |  |  |
|     |  | I request r            | elief in accordance with the chapte   | er of title 11, United States Code, spec                                     | cified in this petition.  |  |  |
|     |  | bankrupto<br>and 3571. | y case can result in fines up to \$25                                       |  | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |
|     |  | Arbdella               | ella J. Hayes J. Hayes of Debtor 1  | Signature of Debto   | 72  |  |  |
|     |  | Executed               | on <b>May 10, 2018</b>  | Executed on  |   |  |  |
|     |  |                        | MM / DD / YYYY  |  | / DD / YYYY   |  |  |

Debtor 1 Arbdella J. Hayes Document Page 7 of 50 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Chad N     | Л. Hayward               | Date          | May 10, 2018             |
|----------------|--------------------------|---------------|--------------------------|
| Signature of   | f Attorney for Debtor    |               | MM / DD / YYYY           |
| Chad M. H      | layward 6280182          |               |                          |
| Printed name   |                          |               |                          |
| Chad M. H      | layward                  |               |                          |
| Firm name      |                          |               |                          |
| 50 S Main      |                          |               |                          |
| Ste. 200       |                          |               |                          |
| Naperville     | e, IL 60540              |               |                          |
|                | , City, State & ZIP Code |               |                          |
| Contact phone  | 312-867-3640             | Email address | ch@haywardlawoffices.com |
| 6280182 II     | L                        |               |                          |
| Bar number & S | State                    |               | <del></del>              |

|                          |                         | Docume            | ent Page 8 of 50 | 0 |                                      |
|--------------------------|-------------------------|-------------------|------------------|---|--------------------------------------|
| Fill in this inforr      | mation to identify your | case:             |                  |   |                                      |
| Debtor 1                 | Arbdella J. Hayes       | 3                 |                  |   |                                      |
|                          | First Name              | Middle Name       | Last Name        | _ |                                      |
| Debtor 2                 |                         |                   |                  |   |                                      |
| (Spouse if, filing)      | First Name              | Middle Name       | Last Name        |   |                                      |
| United States Ba         | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |   |                                      |
| Case number _ (if known) |                         |                   |                  |   | ☐ Check if this is an amended filing |
|                          |                         |                   |                  |   | amonded ming                         |
|                          |                         |                   |                  |   |                                      |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as      | ssets<br>f what you own |
|-----|--|--------------|-------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 69,666.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 2,350.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 72,016.0                |
| Par | t 2: Summarize Your Liabilities  |              |                         |
|     |  |              | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 45,186.65               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 8,367.63                |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 9,484.00                |
|     | Your total liabilities   | \$           | 63,038.28               |
| Par | t 3: Summarize Your Income and Expenses  |              |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 3,121.67                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,556.67                |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | edules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |              |                         |
|     | Your dahts are primarily consumer dahts. Consumer dahts are those "incurred by an individual primarily for   |              |                         |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Page 9 of 50
Case number (if known) Debtor 1 Arbdella J. Hayes

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,347.67

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 8,367.63  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 5,658.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 14,025.63 |

|             | C   | Case 18-13772                      | Poc 1              | Filed 05/1           |            | Entered 05/10/1  | 8 23:02:17        | Desc  | Main  |  |
|-------------|---|------------------------------------|--------------------|----------------------|------------|--|-------------------|---|---|--|
| Fill i      | n this info   | ormation to identify               | your case and th   |                      |            |  |                   |   |   |  |
| Debt        | or 1  | Arbdella J. H                      | ayes               |                      |            |  |                   |   |   |  |
| Debt        | or 2  | First Name                         | Middle             | e Name               |            | Last Name  |                   |   |   |  |
|             | se, if filing)  | First Name                         | Middle             | e Name               |            | Last Name  |                   |   |   |  |
| Unite       | ed States I   | Bankruptcy Court for t             | the: NORTHER       | N DISTRICT           | OF ILLIN   | IOIS   |                   |   |   |  |
| Case        | e number  |                                    |                    |                      |            |  |                   |   | Chook if this is an                         |  |
| Case        | TIUITIDEI   |                                    |                    |                      |            | -  |                   |   | Check if this is an<br>amended filing       |  |
| Sc<br>n eac | hedu<br>h category  |                                    | scribe items. List |                      |            | n asset fits in more than one  |                   |   |   |  |
| nform       | nation. If m<br>er every qu   | ore space is needed, a<br>lestion. | ttach a separate s | heet to this for     | m. On the  | are filing together, both are top of any additional pages n or Have an Interest In |                   |   |   |  |
| 1.1         |   | e is the property?                 |                    | What is the          | property   | ? Check all that apply   |                   |   |   |  |
| -           | 1432 S. 20th Ave Street address, if available, or other description |                                    |                    | ☐ Dupl               |            | ome<br>i-unit building<br>or cooperative   | the amount of any | not deduct secured claims or exemptior<br>amount of any secured claims on <i>Sche</i><br>ditors Who Have Claims Secured by Pr |   |  |
|             | Maywoo  | od IL                              | 60153-0000         | <u> </u>             |            | or mobile home   | Current value of  |   | urrent value of the                         |  |
| -           | City  | State                              | ZIP Code           | Land                 | stment pro | perty  | entire property?  | =   | sertion you own?<br>\$69,666.00             |  |
|             |   |                                    |                    | Othe                 | -          | in the property? Check one   |                   | ole, tenancy  | ownership interest<br>by the entireties, or |  |
| _           | Cook  |                                    |                    | _                    | or 2 only  |  |                   |   |   |  |
|             | County  |                                    |                    | _                    |            | Debtor 2 only the debtors and another  | Check if this     |   | nity property                               |  |
|             |   |                                    |                    | 7 11 101             | mation yo  | ou wish to add about this iter   | (see instructions | 5)  |   |  |
|             |   |                                    |                    | FMV - CN<br>Debtor's |            | y Residence  |                   |   |   |  |
|             |   |                                    |                    |                      |            | rom Part 1, including any  |                   |   | \$69,666.00                                 |  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Debtor                      | r 1          | Case 18-13772 Doc 3   | 1 Filed 05/10/18<br>Document F               | Entered 05/10/18<br>Page 11 of 50<br>Case | 3 23:02:17 [          | Desc Main   |
|-----------------------------|--------------|---|--|---|-----------------------|---|
| 3 Cars                      | s. van       | s, trucks, tractors, sport utility ve   |  |   | , , _                 |   |
|                             |              | ,   | ,,,,   |   |                       |   |
| □ N                         | -            |   |  |   |                       |   |
| ■ Ye                        | es           |   |  |   |                       |   |
| 3.1                         | Make:        | Mercury   | Who has an interest in the p                 | roperty? Check one                        |                       | ed claims or exemptions. Put                                  |
|                             | Model        | Mariner   | ■ Debtor 1 only                              |   |                       | cured claims on Schedule D:<br>Claims Secured by Property.    |
|                             | Year:        | 2005  | Debtor 2 only                                |   | Current value of the  | Current value of the  |
|                             |              | ximate mileage: 170,000   | Debtor 1 and Debtor 2 only                   | 1   | entire property?      | portion you own?  |
|                             |              | information:  | At least one of the debtors                  | and another                               |                       |   |
|                             |              | - NADA<br>operable  | Check if this is communit (see instructions) | ty property                               | \$1,050.0             | 0 \$1,050.00  |
| .pag                        | Des          | dollar value of the portion you ow<br>ou have attached for Part 2. Write<br>cribe Your Personal and Household It<br>n or have any legal or equitable in | that number hereems                          |   |                       | \$1,050.00  Current value of the                              |
|                             |              | ld goods and furnishings  | ahira kitabanyan                             |   |                       | portion you own?  Do not deduct secured claims or exemptions. |
|                             | No           | s: Major appliances, furniture, linens  Describe  | s, china, kitchenware                        |   |                       |   |
|                             |              | Bedroom set, li   | ving room set, dining roo                    | om set                                    |                       | \$600.00  |
|                             | ample:<br>No | cs<br>s: Televisions and radios; audio, vid<br>including cell phones, cameras, n<br>Describe  |  | ent; computers, printers, s               | scanners; music coll  | ections; electronic devices                                   |
|                             |              | Television, Con   | nputer                                       |   |                       | \$500.00  |
|                             |              |   |  |   |                       |   |
| Exa                         | ample:<br>No | les of value s: Antiques and figurines; paintings, other collections, memorabilia, co Describe  |  | s, pictures, or other art obj             | ects; stamp, coin, o  | baseball card collections;                                    |
| Exa                         | ample:<br>No | nt for sports and hobbies<br>s: Sports, photographic, exercise, ar<br>musical instruments   | nd other hobby equipment; bic                | ycles, pool tables, golf clu              | ıbs, skis; canoes anı | d kayaks; carpentry tools;                                    |
| <b>—</b> Т                  | . ⊏5. L      | JUJUING   |  |   |                       |   |
| 10. <b>Fir</b> ce <i>Ex</i> | kampl        | <b>s</b><br>es: Pistols, rifles, shotguns, ammuni   | ition, and related equipment                 |   |                       |   |

|   | Document Page 12 of 50  |  |
|---|---|--|
| Debtor 1  | Arbdella J. Hayes Case number (if known)  |  |
| ☐ Yes.  | Describe  |  |
| ☐ No  | ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe  |  |
|   | Clothes   | \$200.00   |
|   |   |  |
| ■ No  | ry  ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go  Describe   | old, silver  |
| Exam  | arm animals ples: Dogs, cats, birds, horses   |  |
| ■ No<br>□ Yes.  | Describe  |  |
| ■ No  | ther personal and household items you did not already list, including any health aids you did not list  |  |
| ☐ Yes.  | Give specific information   |  |
|   | the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here  | \$1,300.00   |
|   | L. W. St. and Market  |  |
|   | escribe Your Financial Assets wn or have any legal or equitable interest in any of the following?   | Current value of the   |
|   |   | <ul><li>portion you own?</li><li>Do not deduct secured claims or exemptions.</li></ul> |
| ■ No  | ples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petitio  | Do not deduct secured claims or exemptions.  |
| Exam  No ☐ Yes.  17. Depos Exam   | ples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petitio  bits of money  ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage hinstitutions. If you have multiple accounts with the same institution, list each.   | Do not deduct secured claims or exemptions.  |
| Exam  No □ Yes.  17. Depos  Exam  No  | its of money  ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage h   | Do not deduct secured claims or exemptions.  |
| Exam  No □ Yes.  17. Depos Exam  No □ Yes.  18. Bonds Exam  | sits of money  ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage himstitutions. If you have multiple accounts with the same institution, list each.   | Do not deduct secured claims or exemptions.  |
| Exam  No □ Yes.  17. Depose Exam  No □ Yes.  18. Bonds Exam  No   | sits of money  ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage his institutions. If you have multiple accounts with the same institution, list each.  Institution name:  5, mutual funds, or publicly traded stocks   | Do not deduct secured claims or exemptions.  |
| Exam  No □ Yes.  17. Depose Exam  No □ Yes.  18. Bonds Exam  No □ Yes.  19. Non-p joint v                                     | ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage he institutions. If you have multiple accounts with the same institution, list each.  Institution name:  s, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with brokerage firms, money market accounts   | Do not deduct secured claims or exemptions.  |
| Exam  No □ Yes.  17. Depose Exam □ No □ Yes.  18. Bonds Exam □ No □ Yes.  19. Non-p joint v □ No                              | sits of money ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage he institutions. If you have multiple accounts with the same institution, list each.  Institution name:  s, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with brokerage firms, money market accounts  Institution or issuer name:  ublicly traded stock and interests in incorporated and unincorporated businesses, including an interest venture   | Do not deduct secured claims or exemptions.  |
| Exam  No □ Yes.  17. Depose Exam □ No □ Yes.  18. Bonds Exam □ No □ Yes.  19. Non-p joint v □ No                              | sits of money  ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage he institutions. If you have multiple accounts with the same institution, list each.  Institution name:  s, mutual funds, or publicly traded stocks  ples: Bond funds, investment accounts with brokerage firms, money market accounts  Institution or issuer name:  ublicly traded stock and interests in incorporated and unincorporated businesses, including an interest   | Do not deduct secured claims or exemptions.  |
| Exam  No □ Yes.  17. Depose Exam  No □ Yes.  18. Bonds Exam □ No □ Yes.  19. Non-p joint v □ No □ Yes.  20. Gover Negon Non-r | sits of money  ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage he institutions. If you have multiple accounts with the same institution, list each.  Institution name:  s, mutual funds, or publicly traded stocks  ples: Bond funds, investment accounts with brokerage firms, money market accounts  Institution or issuer name:  ublicly traded stock and interests in incorporated and unincorporated businesses, including an interest venture  Give specific information about them | Do not deduct secured claims or exemptions.  |
| Exam  No □ Yes.  17. Depose Exam  No □ Yes.  18. Bonds Exam No □ Yes.  19. Non-p joint v No □ Yes.  20. Gover Negoi Non-r No  | sits of money  ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage he institutions. If you have multiple accounts with the same institution, list each.  Institution name:  s, mutual funds, or publicly traded stocks  ples: Bond funds, investment accounts with brokerage firms, money market accounts  Institution or issuer name:  ublicly traded stock and interests in incorporated and unincorporated businesses, including an interest venture  Give specific information about them | Do not deduct secured claims or exemptions.  |

Official Form 106A/B Schedule A/B: Property page 3

Case 18-13772 Doc 1 Filed 05/10/18 Entered 05/10/18 23:02:17 Desc Main Page 13 of 50 Case number (if known) Document Debtor 1 Arbdella J. Haves 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

■ No

☐ Yes. Give specific information......

### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

☐ Yes. Give specific information..

#### 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Page 14 of 50

Case number (if known) Document Debtor 1 Arbdella J. Hayes 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$0.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$69,666.00 56. Part 2: Total vehicles, line 5 \$1,050.00 57. Part 3: Total personal and household items, line 15 \$1,300.00 58. Part 4: Total financial assets, line 36 \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

62. Total personal property. Add lines 56 through 61...

\$72,016.00

Copy personal property total

\$2,350.00

\$2,350.00

|                     |                          | I A A A A A A A A A A A A A A A A A A A |             |  |
|---------------------|--------------------------|---|-------------|--|
| Fill in this infor  | rmation to identify your | case:                                   |             |  |
| Debtor 1            | Arbdella J. Hayes        | 3                                       |             |  |
|                     | First Name               | Middle Name                             | Last Name   |  |
| Debtor 2            |                          |   |             |  |
| (Spouse if, filing) | First Name               | Middle Name                             | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT                       | OF ILLINOIS |  |
| Case number         |                          |   |             |  |
| (if known)          |                          |   |             |  |
|                     |                          |   |             |  |
|                     |                          |   |             |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|---|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B     | Che | ck only one box for each exemption.                             |                                    |
| 1432 S. 20th Ave Maywood, IL 60153<br>Cook County                                      | \$69,666.00                             |     | \$15,000.00   | 735 ILCS 5/12-901                  |
| FMV - CMA  Debtor's Primary Residence  Line from Schedule A/B: 1.1                     |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2005 Mercury Mariner 170,000 miles<br>FMV - NADA                                       | \$1,050.00                              |     | \$1,050.00  | 735 ILCS 5/12-1001(c)              |
| Not operable Line from Schedule A/B: 3.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Bedroom set, living room set, dining room set  | \$600.00                                |     | \$600.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Television, Computer Line from Schedule A/B: 7.1                                       | \$500.00                                |     | \$500.00  | 735 ILCS 5/12-1001(b)              |
|  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothes Line from Schedule 4/B: 11.1   | \$200.00                                |     | \$200.00  | 735 ILCS 5/12-1001(a)              |
| Zino nom donodalo / v.b.   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothes Line from Schedule A/B: 11.1   | \$200.00                                |     | 100% of fair market value, up to                                | 735 ILCS 5/12-1001(a               |

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Debtor 1 Arbdella J. Hayes

3. Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

|   |  | Document  | Page 17           | of 50                                     |  |  |
|---|--|---|-------------------|---|--|--|
| Fill in this inform                       | nation to identify yoເ                 | ır case:  |                   |   |  |  |
| Debtor 1                                  | Arbdella J. Hay                        | 25  |                   |   |  |  |
| 200101                                    | First Name                             | Middle Name   | Last Name         |   |  |  |
| Debtor 2                                  |  |   |                   |   |  |  |
| (Spouse if, filing)                       | First Name                             | Middle Name   | Last Name         |   |  |  |
| United States Ba                          | nkruptcy Court for the:                | : NORTHERN DISTRICT OF ILI  | LINOIS            |   |  |  |
|   | , ,                                    |   |                   |   |  |  |
| Case number _                             |  |   |                   |   |  | Markette de la |
| (ii kilowii)                              |  |   |                   |   |  | if this is an                                      |
|   |  |   |                   |   | amend  | led filing   |
| Official Forn                             | n 106D                                 |   |                   |   |  |  |
|   |  | Who Hove Claims   | Socies            | l by Droport                              | .,   | 40/45  |
| Schedule                                  | D: Creditors                           | Who Have Claims   | <u>Secured</u>    | by Propert                                | <u>y                                    </u> | 12/15  |
|   |  | If two married people are filing togeth                               |                   |   |  |  |
| is needed, copy the<br>number (if known). |  | out, number the entries, and attach it                                | to this form. On  | the top of any additio                    | nal pages, write your na                     | me and case  |
| ` ,                                       | have claims secured by                 | v vour property?  |                   |   |  |  |
|   | •                                      |   | r oob oduloo Vo   | u baya nathina alaa t                     | a ranget on this form                        |  |
| _   |  | his form to the court with your other                                 | scriedules. 10    | ou have nothing else t                    | o report on this form.                       |  |
| Yes. Fill in                              | all of the information                 | below.  |                   |   |  |  |
| Part 1: List A                            | II Secured Claims                      |   |                   |   |  |  |
| 2. List all secured                       | claims. If a creditor has i            | more than one secured claim, list the cre                             | editor separately | Column A                                  | Column B                                     | Column C   |
|   |  | s a particular claim, list the other creditor                         |                   | Amount of claim                           | Value of collateral                          | Unsecured  |
| much as possible, i                       | ist the claims in alphabeti            | cal order according to the creditor's nam                             | ie.               | Do not deduct the<br>value of collateral. | that supports this claim                     | portion<br>If any                                  |
| 2.1 Cook Cou                              | inty Treasurer                         | Describe the property that secures                                    | the claim:        | \$23,677.65                               | \$69,666.00                                  | \$0.00   |
| Creditor's Name                           | е                                      | 1432 S. 20th Ave Maywood,   | IL 60153          |   |  |  |
|   |  | Cook County   |                   |   |  |  |
|   |  | FMV - CMA   |                   |   |  |  |
| PO Box 4                                  |  | Debtor's Primary Residence As of the date you file, the claim is:     |                   |   |  |  |
| Carol Stre                                | ·                                      | apply.  | Officer all trial |   |  |  |
| 60197-448                                 |  | Contingent  |                   |   |  |  |
| Number, Street                            | t, City, State & Zip Code              | Unliquidated  |                   |   |  |  |
| Who owes the de                           | aht? Chaak ana                         | ☐ Disputed  Nature of lien. Check all that apply.                     |                   |   |  |  |
| _   | sbt: Check one.                        | _   |                   | urad                                      |  |  |
| ■ Debtor 1 only                           |  | An agreement you made (such as car loan)                              | mortgage or sect  | urea                                      |  |  |
| Debtor 2 only                             |  | _   |                   |   |  |  |
| Debtor 1 and De                           | eptor 2 only<br>he debtors and another | ☐ Statutory lien (such as tax lien, me ☐ Judgment lien from a lawsuit | ,                 |   |  |  |
| Check if this cl                          |  | _   | Property tax      | 244                                       |  |  |
| community de                              |  | Other (including a right to offset)                                   | 1 Topolty to      | AC3                                       |  |  |
| -   |  |   |                   |   |  |  |
| Data dalita ina                           | 2014, 2015                             | l and A dimite of an arms where                                       | nber 0000         |   |  |  |
| Date debt was inc                         | urred and 2016                         | Last 4 digits of account num  | ber 0000          |   |  |  |
|   | •                                      |   |                   | 404 500 00                                | <b>#</b> 00 000 00                           | 40.00  |
| 2.2 Heritage (                            |  | Describe the property that secures                                    |                   | \$21,508.00                               | \$69,666.00                                  | \$0.00   |
| Oreditor 3 Ivani                          | 0                                      | 1432 S. 20th Ave Maywood, Cook County                                 | IL 60153          |   |  |  |
|   |  | FMV - CMA   |                   |   |  |  |
|   |  | Debtor's Primary Residence  | э                 |   |  |  |
| 1212 Hux                                  | lev Street                             | As of the date you file, the claim is:                                | Check all that    |   |  |  |
| Madison,                                  |  | apply.  Contingent  |                   |   |  |  |
| Number, Street                            | t, City, State & Zip Code              | ☐ Unliquidated  |                   |   |  |  |
|   | ·                                      | ☐ Disputed  |                   |   |  |  |
| Who owes the de                           | ebt? Check one.                        | Nature of lien. Check all that apply.                                 |                   |   |  |  |
| Debtor 1 only                             |  | ☐ An agreement you made (such as                                      | mortgage or seci  | ured                                      |  |  |
| Debtor 2 only                             |  | car loan)   |                   |   |  |  |
| ☐ Debtor 1 and De                         | ebtor 2 only                           | ☐ Statutory lien (such as tax lien, me                                | echanic's lien)   |   |  |  |
|   | he debters and another                 | ☐ Judgment lien from a lawquit  | •                 |   |  |  |

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| Debtor 1 Arbdella J. Hayes   |  | Case nu             | ımber (if know)          |             |        |
|--|--|---------------------|--------------------------|-------------|--------|
|  | e Name Last Name   | <del></del> ,       |                          |             |        |
| ☐ Check if this claim relates to a community debt                                  | ■ Other (including a right to offset)  | First Mortgage      |                          |             |        |
| Opened 5/15/15 Last Active 4/30/18   | e<br>Last 4 digits of account num  | nber <u>0001</u>    |                          |             |        |
| 2.3 USBANK CUST for PFS1   | Describe the property that secures   | the claim:          | \$1.00                   | \$69,666.00 | \$0.00 |
| creditor's Name c/o: Cook County Treasurer PO Box 4488 Carol Stream, IL 60197-4488 | 1432 S. 20th Ave Maywood Cook County FMV - CMA Debtor's Primary Residenc As of the date you file, the claim is apply. □ Contingent | e                   |                          |             |        |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated   |                     |                          |             |        |
| Who owes the debt? Check one.  | ☐ Disputed  Nature of lien. Check all that apply.  |                     |                          |             |        |
| ■ Debtor 1 only □ Debtor 2 only  | ☐ An agreement you made (such as car loan)   | mortgage or secured |                          |             |        |
| Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, me   | echanic's lien)     |                          |             |        |
| ☐ At least one of the debtors and anothe   | r Judgment lien from a lawsuit   | •                   |                          |             |        |
| ☐ Check if this claim relates to a community debt                                  | ■ Other (including a right to offset)  | Property taxes      |                          |             |        |
| Date debt was incurred   | Last 4 digits of account nun   | nber <u>0000</u>    |                          |             |        |
| •  | n Column A on this page. Write that nur  |                     | \$45,186.6<br>\$45,186.6 |             |        |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                 |  |   |   | Document  | Page 19 of 5  | 0()   |  |  |
|---------------------------------|--|---|---|---|---|---|--|--|
| Fill                            | in this inform   | ation to identify your c  | ase:  |   |   |   |  |  |
| Deb                             | otor 1   | Arbdella J. Hayes   |   |   |   |   |  |  |
|                                 |  | First Name  | Midd  | lle Name  | Last Name   |   |  |  |
|                                 | otor 2<br>ouse if, filing)   | First Name  | Midd  | lle Name  | Last Name   |   |  |  |
|                                 |  |   |   |   | INIOIC  |   |  |  |
| Uni                             | ted States Bani  | kruptcy Court for the:  | NORTH   | ERN DISTRICT OF ILL   | INOIS   |   |  |  |
|                                 | se number  |   |   |   |   |   |  |  |
| (if kn                          | nown)  |   |   |   |   |   | _  | if this is an  |
|                                 |  |   |   |   |   |   | amend  | ed filing  |
| Off                             | icial Form   | 106E/F  |   |   |   |   |  |  |
| Sc                              | hedule E/  | F: Creditors W  | ho Hav  | ve Unsecured  | Claims  |   |  | 12/15  |
| any e<br>Sche<br>Sche<br>eft. A | executory contra<br>edule G: Executo<br>edule D: Creditor<br>Attach the Conti<br>e and case numl | accurate as possible. Use<br>acts or unexpired leases t<br>ory Contracts and Unexpi<br>rs Who Have Claims Secu<br>inuation Page to this page<br>ber (if known). | that could<br>red Leases<br>ired by Pro<br>e. If you ha | result in a claim. Also lis<br>s (Official Form 106G). Do<br>operty. If more space is n<br>ve no information to rep | st executory contract<br>o not include any cre<br>leeded, copy the Part | s on Schedule A/B: P<br>ditors with partially s<br>you need, fill it out, r | roperty (Official For<br>ecured claims that a<br>number the entries in | m 106A/B) and on<br>re listed in<br>the boxes on the |
|                                 |  | s have priority unsecured   |   |   |   |   |  |  |
|                                 | ☐ No. Go to Par  |   | u   |   |   |   |  |  |
|                                 | Yes.   |   |   |   |   |   |  |  |
| 2.                              | List all of your pidentify what type possible, list the  | priority unsecured claims<br>e of claim it is. If a claim has<br>claims in alphabetical orde<br>lan one creditor holds a par                                    | s both priori<br>r according                            | ity and nonpriority amounts to the creditor's name. If y  | s, list that claim here a<br>you have more than two                     | nd show both priority a   | nd nonpriority amount  | s. As much as  |
|                                 | (For an explanate  | ion of each type of claim, so   | ee the instru   | uctions for this form in the  | instruction booklet.)   |   |  |  |
|                                 |  |   |   |   |   | Total claim   | Priority amount  | Nonpriority amount                                   |
| 2.1                             | Illinois D   | epartment of Reven  | nue   | Last 4 digits of accoun   | nt number   | \$0.00  | \$0.00   | \$0.00   |
|                                 | Priority Cred  |   |   | When was the debt inc   | :urred?   |   |  |  |
|                                 |  | , IL 60664  |   | A control of later or file  | 41  |   |  |  |
|                                 |  | eet City State Zlp Code the debt? Check one.  |   | As of the date you file,  Contingent  | the claim is: Check a   | ii that apply   |  |  |
|                                 | ■ Debtor 1 on  |   |   | _   |   |   |  |  |
|                                 | □ Debtor 2 on  |   |   | ☐ Unliquidated  |   |   |  |  |
|                                 | _  |   |   | ☐ Disputed  Type of PRIORITY unse   | acured claim:   |   |  |  |
|                                 | _  | d Debtor 2 only   |   | Domestic support ob   |   |   |  |  |
|                                 | _  | of the debtors and another  |   | _   |   |   |  |  |
|                                 |  | is claim is for a commun  | ity debt  | <ul><li>■ Taxes and certain of</li><li>□ Claims for death or p</li></ul>  |   | -   |  |  |
|                                 | Is the claim su  | ıbject to offset?   |   |   | ersonai injury wniie yo   | u were intoxicated  |  |  |
|                                 | □ Yes  |   |   | Other. Specify No   | tice Purposes   |   |  |  |
|                                 |  |   |   |   |   |   |  |  |
| 2.2                             | Internal I   | Revenue Service ditor's Name  |   | Last 4 digits of accoun   | t number  | \$8,367.63  | \$4,000.00   | \$4,367.63   |
|                                 | PO Box 7   |   |   | When was the debt inc   | urred?  |   |  |  |
|                                 | Philadelp<br>Number Str  | phia, PA 19101<br>eet City State Zlp Code   |   | As of the date you file,  | the claim is: Check a   | II that apply   |  |  |
|                                 |  | the debt? Check one.  |   | ☐ Contingent  | and order or one on   | triat apply   |  |  |
|                                 | ■ Debtor 1 on  | ıly   |   | ☐ Unliquidated  |   |   |  |  |
|                                 | Debtor 2 on  |   |   | ☐ Disputed  |   |   |  |  |
|                                 | _  | d Debtor 2 only   |   | Type of PRIORITY uns  | ecured claim:   |   |  |  |
|                                 | _  | of the debtors and another  | r   | ☐ Domestic support ob   |   |   |  |  |
|                                 |  |   |   | ■ Taxes and certain of  |   | govornment  |  |  |
|                                 |  | is claim is for a commun<br>ıbject to offset?   | ity debt  | ■ Taxes and certain of □ Claims for death or p  | -   | -   |  |  |
|                                 | No   | angular to officer:   |   |   |   |   |  |  |
|                                 | ☐ Yes  |   |   | Other. Specify  |   |   |  |  |
|                                 |  |   |   |   |   |   |  |  |

Debtor 1 Arbdella J. Hayes Document Page 20 of 50 Case number (if know)

| Part             | 2: List All of Your NONPRIORITY Unsecu  | red Claims   |   |   |
|------------------|---|--|---|---|
| 3. [             | Oo any creditors have nonpriority unsecured claim   | s against you?   |   |   |
| I                | $\beth$ No. You have nothing to report in this part. Submit   | this form to the court with your other sche                | edules.   |   |
| ı                | Yes.  |  |   |   |
| <b>4. Լ</b><br>ւ | List all of your nonpriority unsecured claims in the<br>unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other<br>Part 2. | aim. For each claim listed, identify what                  | type of claim it is. Do not list claims already inclu | uded in Part 1. If more<br>Continuation Page of |
|                  | l   |  |   | Total claim                                     |
| 4.1              | City of Chicago  Nonpriority Creditor's Name  | Last 4 digits of account number                            |   | \$1,000.00                                      |
|                  | Department of Revenue PO Box 88292  | When was the debt incurred?                                |   |   |
|                  | Chicago, IL 60680-1292  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim                         | is: Check all that apply                              |   |
|                  | Debtor 1 only   | ☐ Contingent   |   |   |
|                  | Debtor 2 only   | ☐ Unliquidated   |   |   |
|                  | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |   |   |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:  |   |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |   |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not         |   |
|                  | No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts                     |   |
|                  | Yes   | Other. Specify Parking Tic                                 | ekets and Red Light Tickets                           |   |
| 4.2              | Comenitybank/ny&co  | Last 4 digits of account number                            | 2270  | \$287.00  |
|                  | Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218  | When was the debt incurred?                                | Opened 12/17 Last Active 3/17/18                      |   |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim                         | is: Check all that apply                              |   |
|                  | Debtor 1 only   | ☐ Contingent   |   |   |
|                  | Debtor 2 only   | ☐ Unliquidated   |   |   |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |   |
|                  | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:  |   |
|                  | ☐ Check if this claim is for a community  | Student loans  |   |   |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not         |   |
|                  | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts                     |   |
|                  | □ Yes   | ■ Other. Specify Charge Acc                                | count   |   |
|                  |   |  |   |   |

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Debtor 1 Arbdella J. Hayes Case number (if know) 4.3 \$1,656.00 Creditors Discount & A Last 4 digits of account number 0928 Nonpriority Creditor's Name 415 E Main St When was the debt incurred? **Opened 01/15** Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Advanced Family ■ Other. Specify **Dental/Rubis** ☐ Yes 4.4 Nationwide Credit & Co Last 4 digits of account number 6624 \$291.00 Nonpriority Creditor's Name 815 Commerce Dr Ste 270 When was the debt incurred? **Opened 03/15** Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Loyola University** Other. Specify ☐ Yes **Health Syste** 4.5 Nationwide Credit & Co Last 4 digits of account number 7167 \$277.00 Nonpriority Creditor's Name 815 Commerce Dr Ste 270 When was the debt incurred? **Opened 08/15** Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No **Collection Attorney Loyola University** ■ Other. Specify Health Syste ☐ Yes

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| 1 Arbdella J. Hayes  |  | Case number (if know)                         |            |
|--|--|---|------------|
| Nationwide Credit & Co Nonpriority Creditor's Name                             | Last 4 digits of account number                              | 5251  | \$115.00   |
| 815 Commerce Dr Ste 270  | When was the debt incurred?                                  | Opened 06/16                                  |            |
| Oak Brook, IL 60523  Number Street City State Zlp Code                         | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  | 710 of the date you me, me claim                             | io. Oncok all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| Yes  | ■ Other. Specify Collection Network O                        | Attorney Loyola Physician pera                |            |
| Snchnfin   | Last 4 digits of account number                              | 74JV  | \$200.00   |
| Nonpriority Creditor's Name 2 Trans Am Plaza Dr Ste Oakbrook Terrace, IL 60181 | When was the debt incurred?                                  | Opened 8/30/17                                |            |
| Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  |  |   |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |            |
| debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| Yes  | Other. Specify 04 City Of                                    | Berwyn  |            |
| U S Dept Of Ed/Gsl/Atl   | Last 4 digits of account number                              | 0784  | \$5,658.00 |
| Nonpriority Creditor's Name  Po Box 4222  Iowa City, IA 52244                  | When was the debt incurred?                                  | Opened 07/98 Last Active 2/04/17              |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community                                       | Student loans  |   |            |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-shari                             | ng plans, and other similar debts             |            |
| Yes  | Other. Specify   |   |            |
|  | Education  | al  |            |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Arbdella J. Hayes

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Т      | otal Claim |
|-----------------------|-----|---|-----|--------|------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$     | 0.00       |
| Total                 |     |   |     |        | _          |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$     | 8,367.63   |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$     | 0.00       |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$     | 0.00       |
|                       |     |   |     |        |            |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$     | 8,367.63   |
|                       |     |   |     |        |            |
|                       | 6f. | Student loans   | 6f. |        | otal Claim |
| Total                 | OI. | Student loans   | OI. | \$     | 5,658.00   |
| claims                |     |   |     |        |            |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$     | 0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$     | 0.00       |
|                       | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount                                    | 6i. | <br>\$ | 3,826.00   |
|                       |     | here.   |     | Ψ      |            |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$     | 9.484.00   |
|                       | ,   |   | •   |        | 5,404.00   |

|                     |                          | I A A A A A A A A A A A A A A A A A A A | 111111111111111111111111111111111111 |  |
|---------------------|--------------------------|---|--------------------------------------|--|
| Fill in this infor  | mation to identify your  | case:                                   |                                      |  |
| Debtor 1            | Arbdella J. Hayes        | 5                                       |                                      |  |
|                     | First Name               | Middle Name                             | Last Name                            |  |
| Debtor 2            |                          |   |                                      |  |
| (Spouse if, filing) | First Name               | Middle Name                             | Last Name                            |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT                       | OF ILLINOIS                          |  |
| Case number         |                          |   |                                      |  |
| (if known)          |                          |   |                                      |  |
|                     |                          |   |                                      |  |

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-----------------------|-------------------|---|
| 2.1 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          | _                                       |
| 2.2 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   |   |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.3 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.5 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
|     |           |                           |                       |                   |   |

|                               |   | Docume  | ent Page 25 d             | N 5()                                   |   |
|-------------------------------|---|---|---------------------------|---|---|
| Fill in this                  | information to identify your  |   |                           |   |   |
| Debtor 1                      | Arbdella J. Haye  | 5   |                           |   |   |
|                               | First Name  | Middle Name   | Last Name                 |   |   |
| Debtor 2<br>(Spouse if, filin | rg) First Name  | Middle Name   | Last Name                 |   |   |
| United Stat                   | tes Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS               |   |   |
| 0                             |   |   |                           | _                                       |   |
| Case numb<br>(if known)       | per   |   |                           |   | ☐ Check if this is an   |
|                               |   |   |                           |   | amended filing  |
| Official                      | Form 106H   |   |                           |   |   |
|                               | ule H: Your Cod   | ebtors  |                           |   | 12/15   |
| <del></del>                   | <u> </u>  |   |                           |   | .2,10   |
| ill it out, ar                |   | boxes on the left. Attach                                 | the Additional Page       |   | needed, copy the Additional Page,<br>p of any Additional Pages, write   |
| 1. Do y                       | you have any codebtors? (If   | you are filing a joint case,                              | do not list either spouse | e as a codebtor.                        |   |
| ■ No<br>□ Yes                 |   |   |                           |   |   |
| Arizona ■ No. □ Yes           | a, California, Idaho, Louisiana<br>Go to line 3.<br>. Did your spouse, former spo | , Nevada, New Mexico, Pu<br>use, or legal equivalent live | erto Rico, Texas, Wash    | ington, and Wisconsin.)                 |   |
| in line<br>Form 1             | 2 again as a codebtor only  | if that person is a guaran                                | tor or cosigner. Make     | sure you have listed the                | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                               | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z                | IP Code   |                           | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:  |
| 3.1                           |   |   |                           | ☐ Schedule D, lin                       | ne  |
|                               | Name  |   |                           | ☐ Schedule E/F,                         |   |
|                               |   |   |                           | ☐ Schedule G, lin                       | ne  |
|                               | Number Street   | Ctata   | ZID Code                  |   |   |
|                               | City  | State   | ZIP Code                  |   |   |
| 3.2                           |   |   |                           | ☐ Schedule D, lin                       |   |
|                               | Name  |   |                           | Schedule E/F,                           |   |
|                               |   |   |                           | ☐ Schedule G, lin                       |   |
| 1                             | Number Street   |   |                           | _                                       |   |
| (                             | City  | State   | ZIP Code                  |   |   |

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| Fill        | in this information to iden   | tify your ca             | ase.   |  |              |      | ı                          |                          |                     |                                 |          |
|-------------|---|--------------------------|--|--|--------------|------|----------------------------|--------------------------|---------------------|---------------------------------|----------|
|             |   | della J. H               |  |  |              |      |                            |                          |                     |                                 |          |
|             | btor 2  |                          |  |  |              | _    |                            |                          |                     |                                 |          |
| Uni         | ited States Bankruptcy Co   | ourt for the             | NORTHERN DISTRIC                                 | CT OF ILLINOIS                               |              |      |                            |                          |                     |                                 |          |
|             | se number<br>nown)  |                          |  |  |              |      | ☐ A sur                    | mended fil               | showing             | g postpetition<br>llowing date: |          |
| <u>O</u>    | fficial Form 106  | <u> 31</u>               |  |  |              |      | MM /                       | DD/ YYY                  | Y                   |                                 |          |
| S           | chedule I: You  | ır Ince                  | ome  |  |              |      |                            |                          |                     |                                 | 12/15    |
| spo<br>atta | plying correct informations. If you are separated ich a separate sheet to the separate sheet to the separate sheet for the separate sheet | d and you<br>his form. ( | r spouse is not filing wi                        | th you, do not inclu<br>onal pages, write yo | ude infor    | mati | on about yo<br>d case numb | ur spouse<br>per (if kno | e. If mo<br>own). A | ore space is<br>nswer every     | needed,  |
|             | information.  |                          |  | Debtor 1                                     |              |      | _                          |                          |                     | ing spouse                      |          |
|             | If you have more than o<br>attach a separate page<br>information about additi<br>employers.   | with                     | Employment status                                | ☐ Employed  ■ Not employed                   |              |      |                            | Employed<br>Not empl     |                     |                                 |          |
|             | Include part-time, seaso self-employed work.  | onal, or                 | Occupation Employer's name                       |  |              |      |                            |                          |                     |                                 |          |
|             | Occupation may include or homemaker, if it appl   |                          | Employer's address                               |  |              |      |                            |                          |                     |                                 |          |
|             |   |                          | How long employed the                            | here?  |              |      |                            |                          |                     |                                 |          |
| Pa          | rt 2: Give Details A  | bout Mon                 | thly Income                                      |  |              |      |                            |                          |                     |                                 |          |
| spo         | imate monthly income as<br>use unless you are separa  | ated.                    |  | , c  | ·            |      |                            | ·                        |                     | •                               | J        |
|             | ou or your non-filing spous<br>e space, attach a separate   |                          |  | embine the information                       | on for all o | empl | oyers for that             | t person o               | n the lir           | nes below. If y                 | you need |
|             |   |                          |  |  |              |      | For Debtor                 |                          |                     | otor 2 or<br>ng spouse          |          |
| 2.          |   |                          | ry, and commissions (becalculate what the month) |  | 2.           | \$   |                            | 0.00 \$                  | S                   | N/A                             |          |
| 3.          | Estimate and list mon   | thly overti              | ime pay.   |  | 3.           | +\$  |                            | <u>0.00</u> +            | -\$                 | N/A                             |          |
| 4.          | Calculate gross Incom   | ne. Add lin              | ne 2 + line 3.                                   |  | 4.           | \$   | 0.0                        | 00                       | \$                  | N/A                             |          |

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| Deb | tor 1                 | Arbdella J. Hayes  |   |            | Case        | number (if known) |            |                               |          |
|-----|-----------------------|--|---|------------|-------------|-------------------|------------|-------------------------------|----------|
|     |                       |  |   |            | For         | Debtor 1          | non        | Debtor 2 or<br>-filing spouse |          |
|     | Cop                   | by line 4 here   |   | 4.         | \$          | 0.00              | \$         | N/A                           |          |
| 5.  | List                  | all payroll deductions:  |   |            |             |                   |            |                               |          |
|     | 5a.                   | Tax, Medicare, and Social Secur  | ity deductions  | 5a.        | \$          | 0.00              | \$         | N/A                           |          |
|     | 5b.                   | Mandatory contributions for reti   | rement plans  | 5b.        | \$          | 0.00              | \$         | N/A                           |          |
|     | 5c.                   | Voluntary contributions for retire   |   | 5c.        |             | 0.00              | \$         | N/A                           |          |
|     | 5d.                   | Required repayments of retireme  | ent fund loans  | 5d.        | · · —       | 0.00              | \$         | N/A                           |          |
|     | 5e.<br>5f.            | Insurance Domestic support obligations   |   | 5e.<br>5f. | \$          | 0.00              | \$<br>\$   | N/A<br>N/A                    | :        |
|     | 5g.                   | Union dues   |   | 5g.        | <b>\$</b> — | 0.00              | ς<br>\$    | N/A                           |          |
|     | 5h.                   | Other deductions. Specify:   |   | 5h.        | · -         | 0.00              | + \$ -     | N/A                           |          |
| 6.  | Add                   | I the payroll deductions. Add lines  | 5a+5h+5c+5d+5e+5f+5d+5h   | 6.         | \$          | 0.00              | \$         | N/A                           | =        |
| 7.  |                       | culate total monthly take-home pay   | Ğ   | 7.         | \$<br>\$    | 0.00              | \$<br>\$   | N/A                           |          |
|     |                       |  |   |            | Ψ_          | 0.00              | Ψ_         | IV/A                          |          |
| 8.  | 8a.                   | all other income regularly received<br>Net income from rental property<br>profession, or farm  |   |            |             |                   |            |                               |          |
|     |                       | Attach a statement for each proper   | ty and business showing gross   |            |             |                   |            |                               |          |
|     |                       | receipts, ordinary and necessary b   | usiness expenses, and the total   | 0 -        | •           |                   | Φ.         |                               |          |
|     | 8b.                   | monthly net income.  Interest and dividends  |   | 8a.<br>8b. | \$_<br>\$   | 0.00              | \$_<br>\$  | N/A<br>N/A                    |          |
|     | 8c.                   |  | ou, a non-filing spouse, or a depend  |            | Ψ           | 0.00              | Ψ          | IN/A                          | •        |
|     |                       | regularly receive  |   |            |             |                   |            |                               |          |
|     |                       |  | child support, maintenance, divorce   | 8c.        | \$          | 0.00              | \$         | NI/A                          |          |
|     | 8d.                   | settlement, and property settlemen  Unemployment compensation  | ι.  | 8d.        | · · —       | 0.00              | \$<br>     | N/A<br>N/A                    |          |
|     | 8e.                   | Social Security  |   | 8e.        | \$_         | 0.00              | \$_        | N/A                           |          |
|     | 8f.                   | Other government assistance the Include cash assistance and the vathat you receive, such as food standard to the control of th | alue (if known) of any non-cash assistance (benefits under the Supplemental   |            | · <u> </u>  |                   | · <u> </u> |                               | -        |
|     |                       | Nutrition Assistance Program) or h<br>Specify:   | ousing subsidies.   | 8f.        | \$          | 0.00              | \$         | N/A                           |          |
|     | 8g.                   | Pension or retirement income   |   | 8g.        | \$—         | 2,347.67          | - \$<br>\$ | N/A                           |          |
|     | -9-                   |  | Debtor's son will pay future  | -9-        | · —         | 2,0-11.01         | · —        | 1973                          |          |
|     | 8h.                   | Other monthly income. Specify:   |   | 8h.        | + \$        | 774.00            | + \$       | N/A                           |          |
| 9.  | Add                   | l all other income. Add lines 8a+8b-   | +8c+8d+8e+8f+8g+8h.   | 9.         | \$          | 3,121.67          | \$         | N/A                           | <u> </u> |
|     |                       |  |   | Г          |             |                   |            |                               | _        |
| 10. |                       | <b>culate monthly income.</b> Add line 7 - I the entries in line 10 for Debtor 1 and   |   | 10.        | 5           | 3,121.67 + \$     |            | N/A = \$                      | 3,121.67 |
|     |                       |  | 3 1   |            |             |                   |            |                               |          |
| 11. | Inclu<br>othe<br>Do r | ude contributions from an unmarried per friends or relatives.  | the expenses that you list in Scheo<br>partner, members of your household, y<br>ded in lines 2-10 or amounts that are | our depe   |             | •                 |            | Schedule J.<br>11. +\$        | 0.00     |
| 12. |                       | e that amount on the Summary of Sc.  | ine 10 to the amount in line 11. The hedules and Statistical Summary of Ce  |            |             |                   |            | 12. \$                        | 3,121.67 |
|     |                       |  |   |            |             |                   |            | Combir                        | ned      |
| 13. | Do :                  | •  | e within the year after you file this fo  | orm?       |             |                   |            |                               | y income |
|     |                       | No.<br>Yes. Explain:   |   |            |             |                   |            |                               |          |

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| Fill  | in this information to identify your case:  |                        |                |                                     |                               |
|-------|---|------------------------|----------------|-------------------------------------|-------------------------------|
|       | otor 1 Arbdella J. Hayes  |                        | Che            | ck if this is:                      |                               |
|       | Albuella 3. Hayes   |                        |                | An amended filing                   |                               |
|       | ouse, if filing)  |                        |                | A supplement show 13 expenses as of | ving postpetition chapter     |
| ``    |   |                        |                | ·                                   |                               |
| Unite | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLI  | NOIS                   |                | MM / DD / YYYY                      |                               |
| 1     | se numbernown)  |                        |                |                                     |                               |
| Of    | fficial Form 106J   |                        |                |                                     |                               |
| Sc    | chedule J: Your Expenses  |                        |                |                                     | 12/1                          |
| info  | as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to thin mber (if known). Answer every question. |                        |                |                                     |                               |
| Part  |   |                        |                |                                     |                               |
| 1.    | Is this a joint case?   |                        |                |                                     |                               |
|       | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?   |                        |                |                                     |                               |
|       | □ No  |                        |                |                                     |                               |
|       | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expense   | es for Separate House  | ehold of Deb   | tor 2.                              |                               |
| 2.    | Do you have dependents? ■ No  |                        |                |                                     |                               |
|       | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | Dependent's relation   |                | Dependent's age                     | Does dependent live with you? |
|       | Do not state the  |                        |                |                                     | □ No                          |
|       | dependents names.   |                        |                |                                     | Yes                           |
|       |   |                        |                |                                     | □ No<br>□ Yes                 |
|       |   |                        |                |                                     | □ res                         |
|       |   |                        |                |                                     | ☐ Yes                         |
|       |   |                        |                |                                     | □ No                          |
|       |   |                        |                |                                     | ☐ Yes                         |
| 3.    | Do your expenses include expenses of people other than  |                        |                |                                     |                               |
|       | yourself and your dependents?   |                        |                |                                     |                               |
|       | t 2: Estimate Your Ongoing Monthly Expenses   |                        |                |                                     |                               |
| exp   | timate your expenses as of your bankruptcy filing date unless<br>benses as of a date after the bankruptcy is filed. If this is a sup<br>plicable date.              |                        |                |                                     |                               |
| the   | lude expenses paid for with non-cash government assistance value of such assistance and have included it on Schedule I: ficial Form 106I.)                          |                        |                | Your exp                            | enses                         |
| Ì     | •   |                        |                |                                     |                               |
| 4.    | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.   | Include first mortgage | e<br>4. \$     | <b></b>                             | 774.00                        |
|       | If not included in line 4:  |                        |                |                                     |                               |
|       | 4a. Real estate taxes   |                        | 4a. \$         | · -                                 | 355.00                        |
|       | 4b. Property, homeowner's, or renter's insurance  |                        | 4b. \$         |                                     | 0.00                          |
|       | Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues   |                        | 4c. §<br>4d. § |                                     | 0.00                          |
| 5.    | Additional mortgage payments for your residence, such as h  | nome equity loans      | 4a. 3<br>5. 3  |                                     | 0.00                          |

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| Debtor 1            | Arbdella J. Hayes  | Case num     | ber (if known) |                       |
|---------------------|--|--------------|----------------|-----------------------|
| s. Util             | ities:   |              |                |                       |
| 6a.                 | Electricity, heat, natural gas   | 6a.          | \$             | 350.00                |
| 6b.                 | Water, sewer, garbage collection   | 6b.          | \$             | 90.00                 |
| 6c.                 | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | ·              | 237.67                |
| 6d.                 |  | 6d.          |                | 0.00                  |
|                     | od and housekeeping supplies   | 7.           | ·              | 450.00                |
|                     | Idcare and children's education costs  | 7.<br>8.     | \$             |                       |
| _                   |  | 9.           | *              | 0.00                  |
|                     | thing, laundry, and dry cleaning   |              | \$             | 50.00                 |
|                     | sonal care products and services   | 10.          |                | 50.00                 |
|                     | dical and dental expenses  | 11.          | \$             | 50.00                 |
|                     | nsportation. Include gas, maintenance, bus or train fare. not include car payments.  | 12.          | \$             | 150.00                |
|                     |  | 13.          | ·              | 0.00                  |
|                     | ertainment, clubs, recreation, newspapers, magazines, and books  |              | ·              |                       |
|                     | aritable contributions and religious donations   | 14.          | Φ              | 0.00                  |
|                     | urance.  |              |                |                       |
|                     | not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance   | 150          | ¢              | 0.00                  |
|                     |  | 15a.         | ·              | 0.00                  |
|                     | . Health insurance   | 15b.         | ·              | 0.00                  |
|                     | . Vehicle insurance  | 15c.         | ·              | 0.00                  |
|                     | l. Other insurance. Specify:   | 15d.         | \$             | 0.00                  |
|                     | res. Do not include taxes deducted from your pay or included in lines 4 or 20.   |              | _              |                       |
|                     | ecify:   | 16.          | \$             | 0.00                  |
|                     | tallment or lease payments:  |              |                |                       |
| 17a                 | . Car payments for Vehicle 1   | 17a.         | \$             | 0.00                  |
| 17b                 | . Car payments for Vehicle 2   | 17b.         | \$             | 0.00                  |
| 17c                 | . Other. Specify:  | 17c.         | \$             | 0.00                  |
| 17c                 | l. Other. Specify:   | 17d.         | \$             | 0.00                  |
|                     | ur payments of alimony, maintenance, and support that you did not report as  |              |                |                       |
|                     | lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.          | \$             | 0.00                  |
|                     | er payments you make to support others who do not live with you.   |              | \$             | 0.00                  |
| Spe                 | ecify:   | 19.          |                |                       |
| ). <b>Oth</b>       | ner real property expenses not included in lines 4 or 5 of this form or on Sche  | dule I: Yo   | our Income.    |                       |
|                     | . Mortgages on other property  | 20a.         |                | 0.00                  |
|                     | . Real estate taxes  | 20b.         | \$             | 0.00                  |
| 200                 | Property, homeowner's, or renter's insurance   | 20c.         | \$             | 0.00                  |
|                     | l. Maintenance, repair, and upkeep expenses  | 20d.         | ·              | 0.00                  |
|                     | . Homeowner's association or condominium dues  | 20e.         |                | 0.00                  |
|                     |  |              | ·              |                       |
| . Oth               | er: Specify:   | 21.          | +\$            | 0.00                  |
| 2. Cal              | culate your monthly expenses   |              |                |                       |
|                     | . Add lines 4 through 21.  |              | \$             | 2,556.67              |
|                     | c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$             |                       |
|                     |  |              | ·              | 0.550.05              |
| 220                 | . Add line 22a and 22b. The result is your monthly expenses.   |              | \$             | 2,556.67              |
| 3. <b>Cal</b>       | culate your monthly net income.  |              |                |                       |
|                     | . Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | \$             | 3,121.67              |
|                     | Copy your monthly expenses from line 22c above.  | 23b.         |                | 2,556.67              |
| 200                 | . Sopy you. Monthly expended from the 220 above.   | 200.         |                | 2,330.07              |
|                     | Subtract your monthly expenses from your monthly income.   |              |                |                       |
| 220                 |  | 23c.         | \$             | 565.00                |
| 230                 | The result is your monthly net income  | 200.         |                |                       |
| 230                 | The result is your monthly net income.   | 200.         |                |                       |
|                     | , ,  |              | form?          |                       |
| 4. <b>Do</b>        | The result is your <i>monthly net income</i> .  you expect an increase or decrease in your expenses within the year after yo example, do you expect to finish paying for your car loan within the year or do you expect your | ou file this |                | or decrease because o |
| 4. <b>Do</b><br>For | you expect an increase or decrease in your expenses within the year after yo   | ou file this |                | or decrease because o |
| 4. <b>Do</b><br>For | you expect an increase or decrease in your expenses within the year after yo example, do you expect to finish paying for your car loan within the year or do you expect your lification to the terms of your mortgage?       | ou file this |                | or decrease because o |

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| Fill in this inform             | nation to identify your o  | case:                    |                              |                       |  |
|---------------------------------|----------------------------|--------------------------|------------------------------|-----------------------|--|
| Debtor 1                        | Arbdella J. Hayes          |                          |                              |                       |  |
|                                 | First Name                 | Middle Name              | Last Name                    |                       |  |
| Debtor 2<br>(Spouse if, filing) | First Name                 | Middle Name              | Last Name                    |                       |  |
| (Spouse II, IIIIIIg)            | Filst Name                 | Middle Name              | Last Name                    |                       |  |
| United States Bar               | nkruptcy Court for the:    | NORTHERN DISTRICT        | OF ILLINOIS                  |                       |  |
| Case number                     |                            |                          |                              |                       |  |
| (if known)                      |                            |                          |                              |                       | ☐ Check if this is an  |
|                                 |                            |                          |                              |                       | amended filing   |
|                                 |                            |                          |                              |                       |  |
|                                 |                            |                          |                              |                       |  |
| Official Form                   | <u> 106Dec</u>             |                          |                              |                       |  |
| <b>Declarati</b>                | ion About a                | n Individual             | <b>Debtor's Sch</b>          | nedules               | 12/15  |
|                                 |                            |                          |                              |                       |  |
| If two married pe               | ople are filing together   | , both are equally respo | nsible for supplying corre   | ct information.       |  |
| obtaining money                 |                            | connection with a bank   |                              |                       | ement, concealing property, or<br>00, or imprisonment for up to 20         |
| Sign                            | Below                      |                          |                              |                       |  |
| Did you pay                     | or agree to pay some       | one who is NOT an attor  | ney to help you fill out bar | nkruptcy forms?       |  |
| ■ No                            |                            |                          |                              |                       |  |
| ☐ Yes. N                        | ame of person              |                          |                              |                       | kruptcy Petition Preparer's Notice,<br>, and Signature (Official Form 119) |
| •                               | ty of perjury, I declare t | that I have read the sum | mary and schedules filed     | with this declaration | on and   |

Signature of Debtor 2

Date

X /s/ Arbdella J. Hayes Arbdella J. Hayes

Signature of Debtor 1

Date May 10, 2018

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| i i i             | l in this infor  | mation to identify yo   | our case:  |   |  |   |
|-------------------|------------------|-------------------------|--|---|--|---|
| De                | btor 1           | Arbdella J. Ha          | yes Middle Name  | Last Name   |  |   |
| De                | btor 2           | Filst Name              | Middle Name  | Last Name   |  |   |
| 1 -               | ouse if, filing) | First Name              | Middle Name  | Last Name   |  |   |
| Un                | ited States Ba   | ankruptcy Court for th  | e: NORTHERN DISTRICT   | OF ILLINOIS   |  |   |
| 1                 | se number _      |                         |  |   |  | Check if this is an amended filing                    |
| St                |                  | of Financia             | I Affairs for Indivisible. If two married people   |   |  | 4/1   |
| info              | rmation. If n    |                         | ed, attach a separate sheet to   |   |  |   |
| Pa                | rt 1: Give I     | Details About Your I    | Marital Status and Where Yo  | ou Lived Before                                       |  |   |
| 1.                | What is you      | ır current marital sta  | atus?  |   |  |   |
|                   | ☐ Married        | 1                       |  |   |  |   |
|                   | ■ Not ma         | -                       |  |   |  |   |
| 2.                | During the       | last 3 years, have yo   | ou lived anywhere other than   | n where you live now?                                 |  |   |
|                   | ■ No             |                         |  |   |  |   |
|                   | ☐ Yes. Li        | st all of the places yo | u lived in the last 3 years. Do  | not include where you live no                         | w.   |   |
|                   | Debtor 1 P       | rior Address:           | Dates Debtor lived there   | 1 Debtor 2 Prior A                                    | ddress:                                    | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stat |                  |                         | ever live with a spouse or lo<br>California, Idaho, Louisiana, N                             |   |  |   |
| Pa                |                  | ake sure you fill out S | Schedule H: Your Codebtors (C  | Official Form 106H).                                  |  |   |
| 4.                | Fill in the tot  | al amount of income     | employment or from operat<br>you received from all jobs and<br>ou have income that you recei | I all businesses, including par                       | t-time activities.                         | lendar years?   |
|                   | ☐ Yes. Fi        | ll in the details.      |  |   |  |   |
|                   |                  |                         | Debtor 1   |   | Debtor 2                                   |   |
|                   |                  |                         | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |

Case 18-13772 Doc 1 Filed 05/10/18 Entered 05/10/18 23:02:17 Page 32 of 50 Case number (if known) Document Arbdella J. Hayes Debtor 1 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Retirement Income \$11,738.35 the date you filed for bankruptcy: 6 as "incurred by an

| For last calendar year:<br>January 1 to December 31,   | Retirement Income  | \$28,172.04  |
|--|--|--|
| For the calendar year befor<br>January 1 to December 31,   |  | \$28,172.04  |
| Part 3: List Certain Paym  | nents You Made Before You Filed for Ba   | nkruptcy   |
| □ No. Neither Debt individual print  During the 90 □ No. G □ Yes L p n * Subject to a  ■ Yes. Debtor 1 or During the 90 □ No. G □ Yes L ir | marily for a personal, family, or household of days before you filed for bankruptcy, did you to line 7.  List below each creditor to whom you paid a paid that creditor. Do not include payments not include payments to an attorney for this adjustment on 4/01/19 and every 3 years at a paid to be personal to be personal to the personal days before you filed for bankruptcy, did you to line 7.  List below each creditor to whom you paid to the personal to the perso | er debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a purpose."  You pay any creditor a total of \$6,425* or more?  A total of \$6,425* or more in one or more payments and the total amount you for domestic support obligations, such as child support and alimony. Also, do bankruptcy case.  Ifter that for cases filed on or after the date of adjustment. |

**Dates of payment** 

Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

■ No.

**Creditor's Name and Address** 

Yes. List all payments to an insider.

Insider's Name and Address

Dates of payment

Total amount you Reason for this payment still owe

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and

**Total amount** 

paid

Amount you

still owe

Was this payment for ...

alimony.

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| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  |                              | ments or transfer a  | any property on a       | eccount of a de            | ebt that benefited an        |
|-----|---|------------------------------|----------------------|-------------------------|----------------------------|------------------------------|
|     | No  |                              |                      |                         |                            |                              |
|     | Yes. List all payments to an insider  |                              |                      |                         |                            |                              |
|     | Insider's Name and Address  | Dates of payment             | Total amount paid    | Amount you<br>still owe | Reason for<br>Include cred | this payment<br>litor's name |
| Par | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures         |                      |                         |                            |                              |
| 9.  | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.                |                              |                      |                         |                            |                              |
|     | ■ No □ Yes. Fill in the details.  |                              |                      |                         |                            |                              |
|     | Case title Case number  | Nature of the case           | Court or agency      |                         | Status of th               | e case                       |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below. |                              | rty repossessed, f   | oreclosed, garni        | shed, attached             | d, seized, or levied?        |
|     | Creditor Name and Address   | Describe the Property        |                      | Date                    |                            | Value of the                 |
|     | ordator Name and Address  | Explain what happened        | 1                    | Dute                    |                            | property                     |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becomes No Yes. Fill in the details.  Creditor Name and Address        |                              |                      |                         | action was                 | amounts from your            |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes   |                              | rty in the possess   | ion of an assigne       | ee for the bene            | efit of creditors, a         |
| Par | t 5: List Certain Gifts and Contributions   |                              |                      |                         |                            |                              |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.  | otcy, did you give any gifts | s with a total value | of more than \$60       | 00 per person              | ?                            |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts           |                      | Date the g              | s you gave<br>lifts        | Value                        |
|     | Person to Whom You Gave the Gift and Address:   |                              |                      |                         |                            |                              |
| 14. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift or con   |                              | or contributions v   | with a total value      | of more than               | \$600 to any charity?        |
|     | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                          |                              | contributed          |                         | s you<br>ributed           | Value                        |
| Par | t 6: List Certain Losses  |                              |                      |                         |                            |                              |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Page 34 of 50 ase number (if known) Debtor 1 Arbdella J. Haves or gambling? Nο Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Chad M. Hayward **Attorney Fees** 05/10/2018 \$500.00 50 S Main Ste. 200 Naperville, IL 60540 ch@haywardlawoffices.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Date transfer was Describe any property or **Address** property transferred payments received or debts made paid in exchange

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

П Yes. Fill in the details.

Person's relationship to you

Name of trust Description and value of the property transferred **Date Transfer was** made

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Debtor 1 Arbdella J. Hayes

| Pai | rt 8:        | List of Certain Financial Accounts, In   | struments. Safe Deposi   | it Boxes, and Sto          | orage Unit | ts   |   |
|-----|--------------|--|--|----------------------------|------------|--|---|
|     | With<br>sold | min 1 year before you filed for bankrupto<br>I, moved, or transferred?<br>ude checking, savings, money market, o<br>ses, pension funds, cooperatives, asso | cy, were any financial ac<br>or other financial accou                  | ccounts or instru          | uments he  | eld in your name, or for y                           |   |
|     |              | No<br>Yes. Fill in the details.  |  |                            |            |  |   |
|     |              | me of Financial Institution and dress (Number, Street, City, State and ZIP e)  | Last 4 digits of account number  | Type of account instrument | int or     | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. |              | you now have, or did you have within 1<br>h, or other valuables?   | year before you filed for  | r bankruptcy, ar           | ny safe de | posit box or other depos                             | itory for securities,                         |
|     |              | No<br>Yes. Fill in the details.  |  |                            |            |  |   |
|     |              | me of Financial Institution<br>dress (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)          |                            | Describe   | the contents   | Do you still have it?                         |
| 22. | Hav          | e you stored property in a storage unit of No<br>Yes. Fill in the details.   | or place other than you  | r home within 1            | year befo  | re you filed for bankrupto                           | cy?   |
|     |              | me of Storage Facility dress (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                            | Describe   | the contents   | Do you still have it?                         |
| Pai | rt 9:        | Identify Property You Hold or Control  | I for Someone Else   |                            |            |  |   |
| 23. |              | you hold or control any property that so someone.  | omeone else owns? Incl   | ude any propert            | y you bor  | rowed from, are storing t                            | for, or hold in trust                         |
|     |              | No   |  |                            |            |  |   |
|     |              | Yes. Fill in the details.  vner's Name  dress (Number, Street, City, State and ZIP Code)   | Where is the pro   |                            | Describe   | the property   | Value   |
|     | Aut          | uress (Number, Street, City, State and Zir Code)   | Code)  |                            |            |  |   |
| Pai | rt 10:       | Give Details About Environmental Inf   | ormation   |                            |            |  |   |
| For | the p        | ourpose of Part 10, the following definiti   | ions apply:  |                            |            |  |   |
|     | toxi         | rironmental law means any federal, state<br>c substances, wastes, or material into t<br>ulations controlling the cleanup of these                          | he air, land, soil, surfac   | e water, ground            |            |  |   |
|     |              | means any location, facility, or propert<br>wn, operate, or utilize it, including dispo  | ,  | environmental l            | aw, wheth  | er you now own, operate                              | e, or utilize it or used                      |
|     |              | <i>ardous material</i> means anything an env<br>ardous material, pollutant, contaminant  |  | as a hazardous             | waste, ha  | zardous substance, toxi                              | c substance,                                  |
| Rep | ort a        | II notices, releases, and proceedings th   | nat you know about, reg  | ardless of when            | they occi  | urred.   |   |
| 24. | Has          | any governmental unit notified you tha   | t you may be liable or p   | otentially liable          | under or i | n violation of an environ                            | mental law?                                   |
|     |              | No<br>Voc Fill in the details  |  |                            |            |  |   |
|     | ш            | Yes. Fill in the details.  |  |                            |            |  |   |

Name of site

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Case 18-13772 Doc 1 Filed 05/10/18 Entered 05/10/18 23:02:17 Page 36 of 50 Document ase number (if known) Debtor 1 Arbdella J. Hayes 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection 18 U.S.C. §§ 152, 1341, 1519, and 3571.

with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

| /s/ Aı         | bdella J. Hayes                           |   |
|----------------|---|---|
| Arbd           | ella J. Hayes                             | Signature of Debtor 2   |
| Signa          | ture of Debtor 1                          |   |
| Date           | May 10, 2018                              | Date  |
| Did yo<br>■ No | u attach additional pages to Your Stateme | ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ☐ Yes          |   |   |
|                |   |   |
| Did yo         | u pay or agree to pay someone who is not  | an attorney to help you fill out bankruptcy forms?                                  |

☐ Yes. Name of Person \_ . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

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Case number (if known)

Document Debtor 1 Arbdella J. Hayes

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$345.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: May 10, 2018                | <i>C</i> 11     | 3                          |  |
|-----------------------------------|-----------------|----------------------------|--|
| Signed:                           |                 |                            |  |
| /s/ Arbdella J. Hayes             |                 | /s/ Chad M. Hayward        |  |
| Arbdella J. Hayes                 |                 | Chad M. Hayward 6280182    |  |
|                                   |                 | Attorney for the Debtor(s) |  |
| Debtor(s)                         |                 |                            |  |
| Do not sign this agreement if the | amounts are bla | nnk.                       |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In r   | e .            | Arbdella J. H                           | ayes                       |   |  |   | Case No.                           |   |
|--|----------------|---|----------------------------|---|--|---|------------------------------------|---|
|  |                |   |                            |   | Debt   | or(s)                                       | Chapter                            | 13  |
|  |                | DI                                      | SCL                        | OSURE OF COM  | PENSATION (                                  | OF ATTORNE                                  | Y FOR DI                           | EBTOR(S)                                      |
| 1. Pursuant to 11 U .S.C. § 329(a) and Fed. Ba compensation paid to me within one year be be rendered on behalf of the debtor(s) in co |                |   | within one year before the | filing of the petition  | in bankruptcy, or ag                         | reed to be paid                             | to me, for services rendered or to |   |
|  |                | For legal servi                         | ces, I h                   | nave agreed to accept   |  |   | \$                                 | 4,000.00                                      |
|  |                | Prior to the fili                       | ng of t                    | his statement I have receive  | /ed  |   | \$                                 | 500.00  |
|  |                | Balance Due                             |                            |   |  |   | \$                                 | 3,500.00                                      |
| 2.   | The            | e source of the co                      | ompens                     | sation paid to me was:  |  |   |                                    |   |
|  |                | Debtor                                  |                            | Other (specify):  |  |   |                                    |   |
| 3.   | The            | e source of comp                        | ensatio                    | on to be paid to me is:   |  |   |                                    |   |
|  |                | Debtor                                  |                            | Other (specify):  |  |   |                                    |   |
| 4.   |                | I have not agree                        | ed to sh                   | nare the above-disclosed co   | ompensation with an                          | y other person unles                        | s they are mem                     | bers and associates of my law firm.           |
|  |                |   |                            | the above-disclosed comp<br>t, together with a list of the                                  |  |   |                                    | or associates of my law firm. A ached.        |
| 5.   | In             | return for the ab                       | ove-dis                    | sclosed fee, I have agreed t  | o render legal servic                        | e for all aspects of the                    | he bankruptcy o                    | case, including:                              |
|  | b.<br>c.<br>d. | Preparation and Representation          | filing of the co           | of any petition, schedules,<br>debtor at the meeting of cre-<br>debtor in adversary proceed | statement of affairs<br>editors and confirma | and plan which may<br>tion hearing, and any | be required;  adjourned hea        | file a petition in bankruptcy; rings thereof; |
| 6.   | Ву             | agreement with                          | the del                    | otor(s), the above-disclosed  | d fee does not includ                        | e the following serv                        | ice:                               |   |
|  |                |   |                            |   | CERTIFICA                                    | TION  |                                    |   |
| this   |                | ertify that the for<br>kruptcy proceedi |                            | is a complete statement of  | f any agreement or a                         | rrangement for payn                         | nent to me for r                   | epresentation of the debtor(s) in             |
| ۱ ۱  | Mav            | 10, 2018                                |                            |   | /s/ C  | had M. Hayward                              |                                    |   |
|  | Date           |   |                            |   | Cha  | d M. Hayward 628                            | 0182                               |   |
|  |                |   |                            |   |  | ture of Attorney  I M. Hayward              |                                    |   |
|  |                |   |                            |   | 50 S   | Main  |                                    |   |
|  |                |   |                            |   | Ste.<br>Nape                                 | 200<br>erville, IL 60540                    |                                    |   |
|  |                |   |                            |   | 312-   | 867-3640 Fax: 31                            |                                    |   |
|  |                |   |                            |   |  | haywardlawoffice<br>of law firm             | es.com                             |   |
| 1  |                |   |                            |   |  |   |                                    |   |

#### **United States Bankruptcy Court** Northern District of Illinois

| In re | Arbdella J. Hayes   |   | Case No.   |    |  |  |
|-------|---|---|------------|----|--|--|
|       |   | Debtor(s)   | Chapter 13 |    |  |  |
|       | VE  | CRIFICATION OF CREDITOR M                                   | ATRIX      |    |  |  |
|       |   | Number of   | Creditors: | 11 |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |            |    |  |  |
| Date: | May 10, 2018  | /s/ Arbdella J. Hayes Arbdella J. Hayes Signature of Debtor |            |    |  |  |

City of Chicago Department of Revenue PO Box 88292 Chicago, IL 60680-1292

Comenitybank/ny&co Po Box 182789 Columbus, OH 43218

Cook County Treasurer PO Box 4488 Carol Stream, IL 60197-4488

Creditors Discount & A 415 E Main St Streator, IL 61364

Heritage Cu 1212 Huxley Street Madison, WI 53704

Illinois Department of Revenue PO Box 64338 Chicago, IL 60664

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

Nationwide Credit & Co 815 Commerce Dr Ste 270 Oak Brook, IL 60523

Snchnfin 2 Trans Am Plaza Dr Ste Oakbrook Terrace, IL 60181

U S Dept Of Ed/Gsl/Atl Po Box 4222 Iowa City, IA 52244

USBANK CUST for PFS1 c/o: Cook County Treasurer PO Box 4488 Carol Stream, IL 60197-4488